

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-815)

SERIAL NO.

10/549778

FILING DATE

APPLICANT(S)

9/19/05 21... 8/21/06 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		8		8	
TOTAL DEP.	32		37		38	
TOTAL CLAIMS	37		45		46	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL CLAIMS						

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